

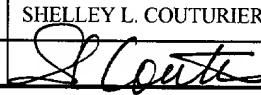
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UTILITY PATENT APPLICATION TRANSMITTAL		<i>Only for new nonprovisional applications under 37 CFR § 1.53(b)</i>	Attorney Docket No.	A-7195
		First Inventor or Application No.	MOBLEY ET AL.	
		Title	BURST-MODE DIGITAL TRANSMITTER	
		Express Mail Label No	EL745333016US	

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents		ADDRESS TO: Box Patent Application Commissioner for Patents Washington DC 20231																		
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17) <i>(Submit an original and duplicate for fee processing)</i></p> <p>2. <input checked="" type="checkbox"/> Specification [Total Pages 10]</p> <p>3. <input checked="" type="checkbox"/> Drawings (35 U.S.C. § 113) [Total Sheets 6]</p> <p>4. Oath or Declaration [Total Pages 3]</p> <p>a. <input checked="" type="checkbox"/> Newly executed (original or copy)</p> <p>b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) <i>(for continuation/divisional with Box 16 completed)</i></p> <p>i. <input type="checkbox"/> DELETION OF INVENTORS Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b)</p>		<p>5. <input type="checkbox"/> Microfiche Computer Program (<i>Appendix</i>)</p> <p>6. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (e.g. PTO/SB/17)</p> <p>a. <input type="checkbox"/> Computer Readable Copy</p> <p>b. <input type="checkbox"/> Paper Copy (identical to computer copy)</p> <p>c. <input type="checkbox"/> Statement verifying identity of above copies</p>																		
ACCOMPANYING APPLICATION PARTS																				
<p>7. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))</p> <p>8. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i></p> <p>9. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>11. <input type="checkbox"/> Preliminary Amendment</p> <p>12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i></p> <p>13. <input type="checkbox"/> Small Entity <input type="checkbox"/> Statement filed in prior application, Statement(s) Status still proper and desired</p> <p>14. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i></p> <p>15. <input type="checkbox"/> Other:</p>																				
<p>16. <input type="checkbox"/> If a CONTINUING APPLICATION, check appropriate box, and supply the information below and in a preliminary amendment:</p> <p><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No:</p> <p>Prior application information: Examiner: Group Art Unit:</p>																				
17. CORRESPONDENCE ADDRESS																				
<input checked="" type="checkbox"/> Customer Number or Bar Code  <table border="1"> <tr> <td>Name</td> <td></td> </tr> <tr> <td>Address</td> <td></td> </tr> <tr> <td>City</td> <td></td> </tr> <tr> <td>Country</td> <td>1</td> </tr> </table>		Name		Address		City		Country	1	<p>or <input type="checkbox"/> Correspondence address below</p> <table border="1"> <tr> <td></td> <td></td> </tr> </table>										
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Name (Print/type)	SHELLEY L. COUTURIER	Registration No. (Attorney/Agent)	47,503
Signature		Date	APRIL 23, 2001

Docket No.: A-7195

UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: MOBLEY ET AL.
DOCKET NO.: A-7195
TITLE: BURST-MODE DIGITAL TRANSMITTER

APRIL 23, 2001

FEE TRANSMITTAL FORM

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Commissioner for Patents
Washington, DC 20231

Dear Sir:

The Commissioner is hereby authorized to charge the indicated fees and any additional fees and to credit any overpayments to Deposit Account No. 19-0761

The fee is calculated as shown below.

	No. of Claims Filed	No. of Claims Paid For	No. of Extra Claims	Rate	Fee
Independent Claims	2	3	0	\$ 80.00	\$000.00
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Multiple Dependent Claims				\$270.00	\$000.00
Basic Filing Fee				\$710.00	\$710.00
Total Filing Fee					\$710.00

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By:


SHELLEY L. COUTURIER
Agent of Record
Reg. No.: 47,503
Phone: (770) 236-2352
Fax No.: (770) 236-4806

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Marcia Burdick